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FAX TRANSMISSION**DATE:** February 21, 2006**PTO IDENTIFIER:** Application Number 10/707,099-Conf. #1098
Patent Number**Inventor:** Michael E. Carson**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** RADER, FISHMAN & GRAUER PLLC
Kristin L. Murphy**PHONE:** (248) 594-0647**Attorney Dkt. #:** 60680-1818**PAGES (Including Cover Sheet):** 6**CONTENTS:** Fee Transmittal (1 page) in duplicate
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Charge \$910.00 to deposit account 18-0013
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PTO/SB/97 (09-04)

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Application No. (if known): 10/707,099

Attorney Docket No.: 60680-1818

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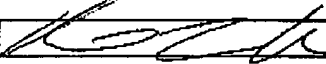
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/707,099-Conf. #1098 Filing Date November 20, 2003 First Named Inventor Michael E. Carson Examiner Name J. A. Sharp Art Unit 3677 Attorney Docket No. 60680-1818	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 910.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
_____		_____		_____		_____	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
_____		_____		_____		_____	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
_____		_____		_____		_____	
- 100 =		/50		(round up to a whole number) x		=	
						Fee Paid (\$)	
						Fees Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00	
1801 Request for continued examination (RCE) (see 37 CFR 1.136)						790.00	

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 41,212	Telephone (248) 594-0647	
Name (Print/Type) Kristin L. Murphy		Date February 21, 2006	

Fee Transmittal	
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